
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received (or have been offered) a copy of this office's Notice of Privacy Practices.

You have the right to refuse to sign this acknowledgement.

Print name of patient

Date

Signature of patient or patient representative

Relationship to patient

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communications barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please specify)
- _____

FINANCIAL/CANCELLATION POLICY

Payment is expected at time of service. If you have dental insurance, we will be happy to submit your claims for you. We do this as a courtesy to you. Co-payments and deductibles are due at time of service unless prior financial arrangements have been made.

Your appointment has been reserved especially for you. We ask that you kindly give us **48 hours** notice if you are unable to keep your appointment to avoid a \$50 cancellation fee. We do understand that emergencies arise, please let us know if this is the case.

I have read and understand the above information. I acknowledge that I am responsible for all charges incurred from services rendered by Dr. Kevin Lee.

Print name of patient

Date

Signature of patient or patient representative

Relationship to patient